

How Amounts Generally Billed (AGB) is Calculated

No individual determined eligible for financial assistance under Providence, Swedish or Kadlec financial assistance policies will be charged more for emergency or medically necessary hospital care than the amounts generally billed (“AGB”) to individuals with insurance covering such care. AGB is a percentage of Providence, Swedish or Kadlec’s full, undiscounted charges for such care. The AGB for Providence, Swedish and Kadlec Hospitals are calculated as follows:

(1) For 2020, Providence, Swedish and Kadlec are using the “look-back method” to calculate the AGB for each Hospital. This method bases AGB on fully paid hospital claims with a primary payer of either Medicare fee-for-service or a commercial payer during the period of September 1, 2018 through August 31, 2019. Providence, Swedish and Kadlec divide the sum of total payments made by those payers by the sum of total hospital charges for those claims to identify the “AGB percentage” for each Providence, Swedish and Kadlec Hospital.

(2) The AGB percentage is calculated separately for each Providence, Swedish and Kadlec Hospital, but all Providence, Swedish and Kadlec Hospitals within certain regions adopt the lowest AGB percentage from among all the Providence, Swedish and Kadlec Hospitals located within the same region. Each Providence, Swedish or Kadlec Hospital will charge patients eligible for financial assistance no more than the below-noted AGB percentage for emergency or medically necessary services in 2020:

a. California: All Providence Hospitals located in California will use the lowest-AGB percentage from all of the Providence Hospitals in that state, which is 17.4 percent.

b. Alaska, Montana, Oregon and Washington: Providence, Swedish and Kadlec Hospitals located in Alaska, Montana, Oregon and Washington will use the lowest AGB percentage of all of the Providence Hospitals within those combined regions, which is 26.4 percent.